

Anti-Stigma Resource

VJP Strategic Objectives Related to Stigmatization of Veterans with Criminal Justice History: Executive Summary

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Purpose & Introduction

The Veterans Justice Programs (VJP) office within the VHA National Homeless Programs Office at the Veterans Affairs Central Office (VACO) has included "Assessing and combatting the stigmatization of justice-involved Veterans" in its original and revised strategic plans. The activities reported herein further these objectives by offering a summary of research and real-life observations on the problem and suggestions for ameliorating it.

This report covers Year 1 of an approved quality improvement project carried out by the VISN-5 MIRECC team led by Dr. Alicia Lucksted, in partnership with the VJP VACO leadership team. Year 2 activities will involve developing and delivering trainings, educational or reference materials, and other action items to address the issues raised and implement some of the suggestions enumerated in this report.

It is well known that most justice-involved Veterans contend with mental health, substance use, financial, family, employment, and/or housing challenges, among others. It is also well known that people experiencing these life and health conditions are often subject to stereotypes, prejudices, and discrimination. Many Veterans also face prejudice against their social identities, such as racism, sexism, and stereotypes about being a Veteran. In this report we seek to add actionable specificity to this intersectional matrix, so as to assist VJP in its strategic planning.

Methods & Information Sources

Year 1 was "designed to inform optimal ways that VJP can understand current impacts of stigmatization" for justice-involved Veterans. To do so the MIRECC team drew from 5 information sources:

- 1. <u>Literature Review</u>: We conducted a systematic literature review across numerous indexing platforms, augmented by relevant reports and publications from reference lists, the VACO VJP leadership team, and our own files.
- 2. <u>VJP Specialist Interviews</u>: We interviewed 25 VJP Specialists from across the country by phone (March-June, 2021; 40-60 min each) augmented by email responses to interview questions from 5 additional Specialists.
- 3. <u>Peer Specialist Focus Groups</u>: We conducted 2 focus groups of Peer Specialists working with justice-involved Veterans (August & October 2021) involving 13 individuals from diverse positions and locations.
- 4. Veteran Client Focus Group: We also conducted one focus group comprised of Veterans assisted by VJP Specialists.
- 5. <u>Consultation Hours</u>: Dr. Lucksted hosted 10 informal drop-in video-conference conversation hours (April 2021 Jan 2022), to which all VJP Specialists were invited, to discuss and address stigma-related challenges in their work.

Key Findings:

- While the challenges faced by justice-involved Veterans and related poor outcomes are well documented, the role of stigmatization (stereotypes, prejudice, and discrimination) is severely under-examined.
- The stigmatization that justice-involved Veterans face combines prejudices against people with legal involvement (prison, probation...), health conditions (mental health, substance use problems...), life conditions (homelessness, unemployment...), and/or minoritized social identities (of race, gender, etc.) in personalized combinations.



- An individual Veteran's experiences of stigma are also shaped by personal situation, common strong societal generalizations about Veterans generally, and by the individual's degree of internalizing any/all of these.
- This report details the stigmatization of justice-involved Veterans in health care, housing (with an emphasis on prejudice and sometimes exclusion from VA healthcare and housing programs), courts, with VA police, and jobs.
- It emphasizes the experiences and observations of VJP field Specialists regarding these problems, their efforts to educate other professionals who interact with justice-involved Veterans, their advocating for and with justice-involved Veterans, and the challenges and prejudice Specialists face in doing so.
- The published literature and both Specialists' and Veterans' accounts make clear that the stigmatization of justice-involved Veterans is a major factor in their sub-optimal engagement in mental health, somatic health, and substance misuse treatment; and in other VA and community programs and supports they are entitled to and need.
- Over-documentation of Veterans' legal details in CPRS and other health records, even contrary to VHA mandates, is a widespread problem that frequently provokes prejudicial attitudes and actions by VA health providers.
- Housing programs, both VA and contractual, often knowingly avoid or exclude serving justice-involved Veterans.
- People using mental health or substance use treatments are often denigrated by stereotypes (weak, untrustworthy, out of control) that overlap those levied against justice-involvement, exacerbating stigmatization of each.
- Certain interpretations of military values can reinforce harmful myths about these conditions & services.
- Internalizing any of these stereotypes and biases into one's own self-beliefs (internalized stigma aka self-stigma) is common and hazardous for justice-involved Veterans and anyone. Internalized stigma usually happens without awareness and can be terribly corrosive to a Veteran's coping persistence, agency, hope, self-care, and self-concept.

Suggestions

A major part of our interviews and focus groups was asking VJP Specialists and others for suggestions to support their efforts and make their work dealing with stigmatization easier. Below are the broad categories of their many suggestions, detailed in this report. VJO will use these to help form Y2 action project priorities.

- A. Information packaged for easy distribution to colleagues regarding the nature and value of VJP Specialists' work
- B. Documentation of the wide-spread benefits of assisting justice-involved Veterans, including cost benefits to VA
- C. Education for Specialists themselves, and that they can easily convey to others, about the harms caused by stigmatization and internalized stigma, and strategies for ameliorating both
- D. Techniques other than information to sensitize providers, interrupt stigmatization in the moment, facilitate change
- E. Skill building for Specialists re advocating for change within their work spheres and related boundaries
- F. Skill building for Specialists re talking with justice-involved Veterans about (self) stigmatization, within Specialist job parameters
- G. Reiteration of guidance regarding CPRS and other documentation of justice-involved Veterans' personal information
- H. Information and enforcement re housing and employment discrimination against justice-involved Veterans
- I. Gathering and communicating success stories of justice-involved Veterans that counter negative stereotypes
- J. Publicly recognizing individuals and programs acting positively to help justice-involved Veterans and resist stigma.
- K. Creating additional ways that Specialists can compare notes, discuss, and support each other on challenging topics related to stigma
- L. Create opportunities for stigma-related conversations across disciplines, such as with medical and mental health providers, housing programs, court personnel, VA police, etc.
- M. Adjustments to VJP Specialist job expectations to facilitate addressing stigmatization
- N. Increasing peer support among justice-involved Veterans, and support for Peer Specialists working with them
- O. Increasing other empowering resources for justice-involved Veterans such as peer mentoring, mutual support.